CONFIDENTIAL MORBIDITY REPORT

NOTE: For STD, Hepatitis, or TB, complete appropriate section below. Special reporting requirements and reportable diseases on back.

DISEASE BEING REPORTED: _____

Patient's Last Name

Social Security Number ___ — ___ — ___

First Name/Middle Name (or initial)

Birth Date Month Day Year

Age

Address: Number, Street

Apt./Unit Number

City/Town

State

ZIP Code

Area Code **Home Telephone** ___ — ___

Gender M F

Pregnant? Y N Unk

Estimated Delivery Date Month Day Year

Area Code **Work Telephone** ___ — ___

Patient's Occupation/Setting

❒ Food service ❒ Day care ❒ Correctional facility
❒ Health care ❒ School ❒ Other _____

Ethnicity (check [✓] one)

❒ Hispanic/Latino
❒ Non-Hispanic/Non-Latino

Race (check [✓] all that apply)

❒ African-American/Black
❒ Asian:
- ❒ Asian-Indian ❒ Korean
- ❒ Cambodian ❒ Laotian
- ❒ Chinese ❒ Thai
- ❒ Hmong ❒ Vietnamese
- ❒ Japanese
- ❒ Other:_____

❒ Pacific Islander:
- ❒ Filipino ❒ Hawaiian
- ❒ Guamanian ❒ Samoan
- ❒ Other:_____

❒ Native American/Alaskan Native
❒ White: _____
❒ Other: _____

DATE OF ONSET Month Day Year

DATE DIAGNOSED Month Day Year

DATE OF DEATH Month Day Year

Reporting Health Care Provider

Reporting Health Care Facility

Address

City **State** **ZIP Code**

Telephone Number ( )

Fax ( )

Submitted by

Date Submitted (Month/Day/Year)

REPORT TO

(Obtain additional forms from your local health department.)

SEXUALLY TRANSMITTED DISEASES (STD)

Syphilis

❒ Primary (lesion present)
❒ Secondary
❒ Early latent < 1 year
❒ Latent (unknown duration)
❒ Late latent > 1 year
❒ Late (tertiary)
❒ Congenital
❒ **Neurosyphilis**

Syphilis Test Results

❒ RPR Titer:_____
❒ VDRL Titer:_____
❒ FTA/MHA: ❒ Pos ❒ Neg
❒ CSF-VDRL: ❒ Pos ❒ Neg
❒ Other:_____

Gonorrhea

❒ Urethral/Cervical
❒ PID
❒ Other: _____

Chlamydia

❒ Urethral/Cervical
❒ PID
❒ Other: _____

❒ **PID (Unknown Etiology)**
❒ **Chancroid**
❒ **Non-Gonococcal Urethritis**

STD TREATMENT INFORMATION

❒ **Treated (Drugs, Dosage, Route):**

_____

_____

Date Treatment Initiated Month Day Year

❒ **Untreated**
❒ Will treat
❒ Unable to contact patient
❒ Refused treatment
❒ Referred to:_____

VIRAL HEPATITIS

		Pos	Neg	Pend	Not Done
❒ **Hep A**	anti-HAV IgM	❒	❒	❒	❒
❒ **Hep B**	HBsAg	❒	❒	❒	❒
❒ **Acute**	anti-HBc	❒	❒	❒	❒
❒ **Chronic**	anti-HBc IgM	❒	❒	❒	❒
	anti-HBs	❒	❒	❒	❒
❒ **Hep C**	anti-HCV	❒	❒	❒	❒
❒ **Acute** ❒ **Chronic**	PCR-HCV	❒	❒	❒	❒
❒ **Hep D (Delta)**	anti-Delta	❒	❒	❒	❒
❒ **Other:** _____		❒	❒	❒	❒

Suspected Exposure Type

❒ Blood transfusion ❒ Other needle exposure ❒ Sexual contact ❒ Household contact
❒ Child care ❒ Other: _____

TUBERCULOSIS (TB)

Status

❒ **Active Disease**
- ❒ Confirmed
- ❒ Suspected

❒ **Infected, No Disease**
- ❒ Convertor
- ❒ Reactor

Site(s)

❒ Pulmonary
❒ Extra-Pulmonary
❒ Both

Mantoux TB Skin Test

Date Performed Month Day Year

Results:_____ mm ❒ Pending ❒ Not Done

Chest X-Ray Month Day Year

Date Performed

❒ Normal ❒ Pending ❒ Not done
❒ Cavitary ❒ Abnormal/Noncavitary

Bacteriology

Date Specimen Collected Month Day Year

Source _____

Smear: ❒ Pos ❒ Neg ❒ Pending ❒ Not done

Culture: ❒ Pos ❒ Neg ❒ Pending ❒ Not done

Other test(s) _____

_____

TB TREATMENT INFORMATION

❒ **Current Treatment**
❒ INH ❒ RIF ❒ PZA
❒ EMB ❒ Other:_____

Date Treatment Initiated Month Day Year

❒ **Untreated**
❒ Will treat
❒ Unable to contact patient
❒ Refused treatment
❒ Referred to: _____

REMARKS

Title 17, California Code of Regulations (CCR), §2500, §2593, §2641–2643, and §2800–2812
Reportable Diseases and Conditions*

§2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.

- **§2500(b)** It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.
- **§2500(c)** The administrator of each health facility, clinic or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local health officer.
- **§2500(a)(14)** "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

URGENCY REPORTING REQUIREMENTS [17 CCR §2500 (h) (i)]

☎ = Report **immediately** by **telephone** (designated by a ◆ in regulations).
† = Report **immediately** by **telephone** when **two or more cases** or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a ● in regulations).
FAX ✆ ✉ = Report by **FAX, telephone, or mail within one working day of identification** (designated by a + in regulations).
= All other diseases/conditions should be reported by FAX, telephone, or mail within seven calendar days of identification.

REPORTABLE COMMUNICABLE DISEASES §2500(j)(1), §2641–2643

Acquired Immune Deficiency Syndrome (AIDS)
(HIV infection only: see "Human Immunodeficiency Virus")
FAX ✆ ✉ Amebiasis
FAX ✆ ✉ Anisakiasis
☎ Anthrax
FAX ✆ ✉ Babesiosis
☎ Botulism (Infant, Foodborne, Wound)
☎ Brucellosis
FAX ✆ ✉ Campylobacteriosis
Chancroid
Chlamydial Infections
☎ Cholera
☎ Ciguatera Fish Poisoning
Coccidioidomycosis
FAX ✆ ✉ Colorado Tick Fever
FAX ✆ ✉ Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology
FAX ✆ ✉ Cryptosporidiosis
Cysticercosis
☎ Dengue
☎ Diarrhea of the Newborn, Outbreaks
☎ Diphtheria
☎ Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
Echinococcosis (Hydatid Disease)
Ehrlichiosis
FAX ✆ ✉ Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
☎ *Escherichia coli* O157:H7 Infection
† FAX ✆ ✉ Foodborne Disease
Giardiasis
Gonococcal Infections
FAX ✆ ✉ *Haemophilus influenzae* Invasive Disease
☎ Hantavirus Infections
☎ Hemolytic Uremic Syndrome
Hepatitis, Viral
FAX ✆ ✉ Hepatitis A
Hepatitis B (specify acute case or chronic)
Hepatitis C (specify acute case or chronic)
Hepatitis D (Delta)
Hepatitis, other, acute
Human Immunodeficiency Virus (HIV) (§2641–2643): reporting is NON-NAME (see www.dhs.ca.gov/aids)
Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)
Legionellosis
Leprosy (Hansen Disease)
Leptospirosis
FAX ✆ ✉ Listeriosis
Lyme Disease
FAX ✆ ✉ Lymphocytic Choriomeningitis
FAX ✆ ✉ Malaria
FAX ✆ ✉ Measles (Rubeola)
FAX ✆ ✉ Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
☎ Meningococcal Infections
Mumps
Non-Gonococcal Urethritis (Excluding Laboratory Confirmed Chlamydial Infections)
☎ Paralytic Shellfish Poisoning
Pelvic Inflammatory Disease (PID)
FAX ✆ ✉ Pertussis (Whooping Cough)
☎ Plague, Human or Animal
FAX ✆ ✉ Poliomyelitis, Paralytic
FAX ✆ ✉ Psittacosis
FAX ✆ ✉ Q Fever
☎ Rabies, Human or Animal
FAX ✆ ✉ Relapsing Fever
Reye Syndrome
Rheumatic Fever, Acute
Rocky Mountain Spotted Fever
Rubella (German Measles)
Rubella Syndrome, Congenital
FAX ✆ ✉ Salmonellosis (Other than Typhoid Fever)
☎ Scombroid Fish Poisoning
☎ Severe Acute Respiratory Syndrome (SARS)
FAX ✆ ✉ Shigellosis
☎ Smallpox (Variola)
FAX ✆ ✉ Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
FAX ✆ ✉ Swimmer's Itch (Schistosomal Dermatitis)
FAX ✆ ✉ Syphilis
Tetanus
Toxic Shock Syndrome
Toxoplasmosis
FAX ✆ ✉ Trichinosis
FAX ✆ ✉ Tuberculosis
☎ Tularemia
FAX ✆ ✉ Typhoid Fever, Cases and Carriers
Typhus Fever
☎ Varicella (deaths only)
FAX ✆ ✉ *Vibrio* Infections
☎ Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
FAX ✆ ✉ Water-associated Disease
FAX ✆ ✉ West Nile Virus (WNV) Infection
☎ Yellow Fever
FAX ✆ ✉ Yersiniosis
☎ **OCCURRENCE of ANY UNUSUAL DISEASE**
☎ **OUTBREAKS of ANY DISEASE** (Including diseases not listed in §2500). Specify if institutional and/or open community.

REPORTABLE NONCOMMUNICABLE DISEASES AND CONDITIONS §2800–2812 and §2593(b)

Disorders Characterized by Lapses of Consciousness
Cancer (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the cervix)
Pesticide-related illness or injury (known or suspected cases)**

LOCALLY REPORTABLE DISEASES (If Applicable):

* This form is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations (CCR). Failure to report is a misdemeanor (Health and Safety Code §120295) and is a citable offense under the Medical Board of California's Citation and Fine Program (Title 16, CCR, §1364.10 and 1364.11).
** Failure to report is a citable offense and subject to civil penalty ($250) (Health and Safety Code §105200).